

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Nita's | CHAPTER 100.1 |
| Address: 98-029 Lii Ipo Street, Aiea, Hawaii 96701 | Inspection Date: February 18, 2020 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|----------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-3 Licensing. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> SCG #1 & SCG #2 - No background check available for review.</p> <p>Please attach eCrim reports along with your plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> | |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Every 4 month renewal orders not available for review for the following medications (most current renewal done 11/6/19):</p> <ul style="list-style-type: none"> - Loperamide 2mg 2x/day - Diovan 80mg daily - Singulair 10mg daily - Nasonex 50mcg 2 sprays in each nostril daily - Erythromycin 0.5% eye ointment - Guaifenesin – codine syrup 1-2 tsp orally every 6 hours as needed | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____